

Records Transmittal
LFUCG Records Center and Archives
Office of the Council Clerk

Department/Division/ Local Government Office _____

Phone & Fax Number _____

Date _____

Total Boxes _____

Permanent? Yes _____ No _____

RCA USE ONLY

Date: _____

Shelved by: _____

RCA Use	FOR DEPT./DIV/LOCAL GOVT. OFFICE USE				
RCA Location and Box Number	Div. Box No.	Series No. Listed in Retention Schedule	Description of Records	Date Span	Destruction Date (month/year)

Are these Records Confidential? Yes _____ No _____

Dept./ Div./Local Govt. Office Records Coordinator Signature _____ Date _____

Print Name and Phone Number _____

Send the Signed Original to the Council Clerk's Office. Retain a copy until you receive a copy back signed by the Council Clerk's Office.

Council Clerk's Office Signature: _____ Date _____

Please call 425-2071 if you have any questions.

RS 10/06